

APPENDIX B

EXELON ENERGY DELIVERY COMMUNICATIONS

Project Name:	Internal Project Number:
Initiation Date: 04/01/02	Completion Date:
Project Description:	

Program Manager:

*Pager #

Created by: ☐ Agency: ☐ Internal:
Creative: ☐ New ☐ Reprint:

MEDIA

<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Radio
<input type="checkbox"/> TV/Script	<input type="checkbox"/> Web
<input type="checkbox"/> Print	<input type="checkbox"/> Other:

<input type="checkbox"/> ComEd Residential
<input type="checkbox"/> ComEd Business
<input type="checkbox"/> Other:

DEPARTMENT(s):

Executive, Legal

Name	Signature	Date

CC

ACTION

<input type="checkbox"/> Approved as is. No changes required.
<input type="checkbox"/> Approved with minor changes as indicated. Further review not required.
<input type="checkbox"/> Not approved. Submit revised copy for review. Indicate comments on copy.

RESPOND ON OR BEFORE: TO: